



**Reinstatement of Lapsed Approval as CRNP/CNM
Applicant Checklist for AL SSL or MSL RN**

This document is intended only as a resource for the applicant; DO NOT send to the ABN.

	Requirement	Information
<input type="checkbox"/>	Complete the paper application: “Application for Reinstatement of Advanced Practice Approval” Send to ABN by email or fax. Email: advancedpractice@abn.alabama.gov Fax: (334) 293-5201	Located on the ABN website (www.abn.alabama.gov) under Licensing Advanced Practice CRNP/CNM Application. Upon receipt, Staff will post a Reinstatement fee of \$75.00. You will be able to pay online through My Profile once you receive an email from Staff. [Note: if AP approval was not renewed, A Renewal fee of \$75.00 will also be posted.] Each payment will include a Transaction fee of \$3.50. Staff will process your CRNP/CNM to a status of “Eligible for Collaboration”. Staff will then direct you to complete the Add New Collaboration --- see below, if needed.
<input type="checkbox"/>	Pharmacology CE	Document six hours of continuing education in pharmacology earned within the 24 months immediately preceding the date of this application. Upload the CE into My Profile.
<input type="checkbox"/>	Request that proof of your national certification be sent to the ABN.	Certifications MUST be received directly from the certifying agency, via email or the US Postal Service. Faxed certifications will not be accepted.
<input type="checkbox"/>	Electronic Application: “Add New Collaboration” – Complete online. Application fee: \$75.00 Transaction fee: \$3.50	Located on the ABN website (www.abn.alabama.gov) under Licensing Advanced Practice CRNP/CNM Application. Electronic payment by credit or debit card. Have the following details to complete the online application: • Name and practice address of physician licensed in AL.



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	Complete a separate Add New application for each collaboration you desire to reinstate. Fee is \$78.50 per collaboration. If collaboration details are identical to those that just terminated, the collaboration will be restored to an “Active” status. If there are changes, the collaboration will be issued Temp Approval and sent to ABME for review.	<ul style="list-style-type: none">• Name and address for each practice site where the CRNP/CNM will practice.• If home visits, Name of Company and county where home visits will occur.• Name and practice address of all covering (backup) physicians.• Hours of practice.• Protocols, as needed.• Prescriptive authority as needed.
<input type="checkbox"/>	Check your Status in License Lookup and My Profile.	CRNP/CNM license status displays in License Lookup and My Profile. My Profile also contains collaboration details.

ABN
PO Box 303900
Montgomery, AL 36130

Email: advancedpractice@abn.alabama.gov
Fax: (334) 293-5201